

Facility ID# \_\_\_\_\_

(For WEM Use Only)

## WISCONSIN BATCH PLANT EMERGENCY RESPONSE & HAZARDOUS CHEMICAL REPORT

**1. This batch plant submission is classified as a:**

- ☐ ORIGINAL SUBMISSION — Date batch plant was first set up in state for actual operation: \_\_\_\_/\_\_\_\_/\_\_\_\_
- ☐ RELOCATION SUBMISSION — Date batch plant relocated and set up for actual operation: \_\_\_\_/\_\_\_\_/\_\_\_\_

**2. The current location of this Batch Plant, Identifying Name and Company I.D. Number is:**

Batch Plant Name: \_\_\_\_\_ Company I.D. Number: \_\_\_\_\_

Current Location Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Located in the ☐ City ☐ Village ☐ Town of: \_\_\_\_\_

County: \_\_\_\_\_ ☐ Tribe: \_\_\_\_\_

Daytime Contact Name: \_\_\_\_\_ Daytime Telephone: \_\_\_\_\_

***If relocation submission:***

Address of previous location of batch plant: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

**3. In case of an after-hours emergency, the persons to contact regarding this batch plant site are:**

Primary Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Alternate Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Alternate Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**4. The batch plant owner / operator is:**

Company Name: \_\_\_\_\_

Federal Employer Identification Number (FEIN) / Tax I.D. #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

**5. The mailing address for this batch plant site is: (If different than the address as listed in Item 4):**

Batch Plant Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_ Attn: \_\_\_\_\_

**MORE ON BACK - PLEASE COMPLETE CERTIFICATION ON OTHER SIDE WITH SIGNATURE**

Facility ID# \_\_\_\_\_

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**6. Batch Plant Hazardous Chemical Storage Information:** This facility has reportable amounts of hazardous chemicals present on-site. The required documents are attached for this batch plant as follows:

- ☐ An inventory list of the hazardous chemicals that may be present at the facility **OR**  
☐ A copy of the operator's OSHA HazCom Chemical Inventory  
**AND**  
☐ Generic site plan **OR**  
☐ Manufacturer's assembly diagram showing the relationship of the batch plant components

**7. Relocation information** (check all that apply)

- This batch plant has relocated: ☐ within the county identified on the original submission  
☐ within the fire district identified on the original submission  
☐ into a county NOT identified on the original submission  
☐ into a fire district NOT identified on the original submission

**8. Batch Plant Fee Determination:**

- A) ☐ Original submission. \$20.00 fee is due: \$ \_\_\_\_\_  
☐ Relocation submission. No fee is due.  
B) Late Payment Surcharge add \$4.00 (20% of amount on line "A") \$ \_\_\_\_\_  
C) Total fee owed. Line "A" plus line "B" \$ \_\_\_\_\_

**Note:** For a Batch Plant all fee payments must be submitted to WEM within 15 calendar days from the time the batch plant is first brought into the state and set up for actual operation. All fee payments submitted after the due date shall include a 20% late payment surcharge.

The owner/operator of a Batch Plant is required to submit the originals of DMA FORM 1125B and attachments to Wisconsin Emergency Management (WEM), and submit copies to all Local Emergency Planning Committees (LEPC's) with jurisdiction over the facility, and to all local fire departments with jurisdiction over the facility within 15 calendar days of setting up the batch plant for actual operation in the state.

When a batch plant is relocated in the state, DMA FORM 1125B must be submitted within 15 calendar days of relocation to all LEPC's with jurisdiction over the facility and all local fire departments with jurisdiction over the facility indicating on the top of the form that it is a relocation submission. There is no fee for relocation.

**9. CERTIFICATION:**

I, as the authorized representative of the owner/operator of this batch plant, have reviewed this statement and certify that the information submitted is true, accurate, and complete. A copy of this has been forwarded to all LEPC's with jurisdiction over the facility and to all fire departments with jurisdiction over the facility.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Representing: ☐ Owner ☐ Operator

\_\_\_\_\_  
Official Title

\_\_\_\_\_  
Telephone Number

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## INSTRUCTIONS FOR COMPLETING DMA FORM 1125B, WISCONSIN BATCH PLANT EMERGENCY RESPONSE & HAZARDOUS CHEMICAL REPORT

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Recognizing the unique and temporary nature of batch plants, Chap. WEM 1 established alternative reporting requirements for batch plants. The owner/operator of a batch plant that has reportable amounts of hazardous chemicals present during operations is required to submit DMA FORM 1125B and attachments to Wisconsin Emergency Management (WEM), and submit copies to all Local Emergency Planning Committees (LEPC's) with jurisdiction over the facility, and to all local fire departments with jurisdiction over the facility within 15 calendar days of setting up the batch plant for actual operation in the state. The owner/operator of a batch plant has the option to submit a Tier Two hazardous chemical inventory report and Inventory Fee Statement instead of DMA FORM 1125B.

"Batch plant" means an operating installation of equipment including batchers and mixers as required by batching and mixing concrete or asphalt materials.

A "reportable chemical" means a hazardous chemical present at or above the 10,000 pound threshold reporting quantity and an extremely hazardous substance (EHS) present at or above the threshold planning quantity (TPQ) or 500 pound threshold, whichever is lower.

When a batch plant is relocated in the state, DMA FORM 1125B must be submitted within 15 calendar days of relocation to all LEPC's with jurisdiction over the facility and to all local fire departments with jurisdiction over the facility indicating on the top of the form that it is a relocation submission. There is no fee for relocation.

If the owner/operator of a batch plant determines that reportable amounts of hazardous chemicals will not be present during operations, the batch plant is exempt from the requirement to submit DMA FORM 1125B and may forward correspondence to WEM to file an exemption from the requirement to submit DMA FORM 1125B.

For assistance and questions about completing the forms, please call the facility reporting section at (608) 242-3221.

**Note:** A batch plant that has an extremely hazardous substance at or above the threshold planning quantity is still subject to emergency planning notification and planning fee requirements under s. 166.20(5) (a)1 and (7) (a)1, Stats.

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SUBMISSION OF DMA FORM 1125B, Wisconsin Batch Plant Emergency Response & Hazardous Chemical Report. Send the completed form with Original Signature to:

Wisconsin Emergency Management  
Facility Reporting Section  
P.O. Box 7978  
Madison, WI 53707-7978

SUBMISSION OF DMA FORM 1151, Fee Remittance Form, and fee payment: If a fee is due, send it with the fee remittance form to:

Wisconsin Emergency Management  
Fee Processing Services  
Drawer 988  
Milwaukee, WI 53293-0988

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**(INSTRUCTIONS CONTINUED ON REVERSE SIDE — MORE ON BACK)**

**Form Instructions** (use one DMA FORM 1125B for each batch plant):

**Item #1** indicates whether the submission is an original or a relocation. If DMA FORM 1125B is being filed for the first time for a batch plant, please check the box for original submission and provide the date the batch plant was set up in the state for actual operation. If DMA FORM 1125B is being filed for a batch plant relocation, please check the box for relocation submission and provide the date the batch plant relocated and set up for actual operation.

**Item #2** identifies the batch plant and indicates the batch plant location. Provide the name of the batch plant and its current address/location. Provide a company I.D. number (or batch plant number) if one is available. Provide the name of the county in which the batch plant is located. If the location is on tribal land, please indicate the tribal name. Provide the name of a daytime contact and telephone number for the batch plant.

If this is a relocation submission, please provide the batch plant's previous address/location.

**Item #3** indicates the after-hours emergency contacts for the batch plant. Please provide the name and phone number for a primary after-hours contact person and for two alternate after-hours contact person, if available.

**Item #4** indicates the owner/operator of the batch plant. Please provide the name of the owner/operator of the batch plant, their Federal Employer Identification Number (FEIN) or Tax I.D. number, and their mailing address.

**Item #5** if the mailing address for the batch plant is different from the mailing address indicated in #4 for the owner/operator of the batch plant, please indicate the batch plant's mailing address. If they are the same, go to Item #6.

**Item #6** indicates information regarding hazardous chemical storage. If the batch plant owner/operator determines that reportable amounts of hazardous chemicals may be present during operations and the reportable hazardous chemicals are incidental to the batching operation, please check which of the required documents are attached for the batch plant;

- An inventory list of the hazardous chemicals that may be present at the site **OR**  
A copy of the operator's OSHA HazCom Chemical Inventory
- AND**
- Generic site plan **OR**  
Manufacturer's assembly diagram showing the relationship of the batch plant components

**Item #7** indicates batch plant relocation information for county and fire department district. Check all that apply.

**Item #8** indicates the fee payment determination. For a batch plant the fee is \$20.00 and must be submitted to WEM within 15 calendar days of setting up the batch plant for actual operation in the state. Fee payments submitted after the due date shall include a 20% Late Payment Surcharge. No fee is due for batch plant relocation.

- (a) The \$20.00 fee is indicated on line "A"
- (b) If a 20% late payment surcharge is due, please fill in \$4.00 on line "B"
- (C) Please total lines "A" and "B" and enter it on line "C". This is the fee due.

Please note, if the batch plant operator has less than 10 full-time equivalent (FTE) employees in the state of Wisconsin (less than 20,000 employee hours annually), under s. 166.20 (7) (d), Stats., no fee is due.

**Item #9** serves to certify the submission. Please indicate the name, phone number and official title of the person certifying the form with an original signature and date. Also indicate whether the person is the representative of the owner or operator of the batch plant.

PLEASE FOLLOW INSTRUCTIONS CAREFULLY

FEE PAYMENT INSTRUCTIONS:

Complete the right-hand portion of this fee remittance form and mail it with the fee payment to:

Wisconsin Emergency Management  
Fee Processing Service  
Drawer 988  
Milwaukee, WI 53293-0988

Make checks payable to: *Wisconsin Emergency Management*  
Mail the Fee payment and this Fee Remittance Form in the enclosed envelope where provided.

PROGRAM DOCUMENTS SUBMISSION:

The original Wisconsin Batch Plant Emergency Response & Hazardous Chemical Report and any other correspondence or documents should be mailed to:

Wisconsin Emergency Management  
Facility Reporting Section  
P.O. Box 7978  
Madison, WI 53707-7978

Please Note: Copies of the *Wisconsin Batch Plant Emergency Response & Hazardous Chemical Report* must be sent to all *Local Emergency Planning Committees* and *local Fire Departments* with jurisdiction over the facility.

WISCONSIN EMERGENCY MANAGEMENT  
Form DMA-1151

FEE REMITTANCE

BATCH PLANT  
Emergency Response & Hazardous Chemical Report

Batch Plant Name:

Operator's Federal  
Employer Identification  
Number (FEIN):

Location Address:  
City, State, Zip:  
County of:

Payer Check #:

Fee Type: B – Batch Plant

(1) Fee: \$20.00

(2) Late Payment Surcharge: \$ See #8 of Form DMA 1125A

(3) Total Fee Payment: \$

Return This Remittance Form with Fee Payment to:

Wisconsin Emergency Management  
Fee Processing Service  
Drawer 988  
Milwaukee, WI 53293-0988

